

Auction Rate Securities Complaint Form

Division Staff Initials:

Date of Call:

Complainant Information:

Name:

Age:

Street Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

E-Mail Address:

Product Information:

Broker-Dealer Name:

Broker-Dealer Agent Name:

Broker-Dealer Agent CRD:

Date of Purchase:

Total Investment Amount:

Description of Complaint:

Description of ARS Holdings: (Closed End Fund Preferred Shares, Municipal...)

Representations Made by Broker(s):

Other information / Follow-Up Action:

Referrals Made to Home State or Lead State: